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IS YOUR COMMUNITY FIT?

In order to acquaint municipal administrative officers and influential business men with the essential features of the modern public health movement, the Public Health Service has sent the following open letter, entitled "Is Your Community Fit?", to the mayors of all towns in the United States having a population of over 5,000. In addition to this, a copy has been sent to chambers of commerce and boards of trade and to all chapters of the American Red Cross. It is hoped that this will stimulate active interest in public health matters throughout the country, and that State and local health officers will help translate this program into effective action.

1. Who is responsible for the health of your city? Have you a health officer? Does he give all his time to his office? Or, are you depending upon a busy doctor who accepts this position at a nominal salary for the honor he feels attached to it? It is well to bear in mind the truth of the motto: Public health is purchasable; in a large measure a community can limit the degree of prevalence of disease within its borders.

2. Have you any definite information as to the prevalence of preventable diseases in your city? Without such information health officials can not direct their activities in a way that will yield the largest returns in disease prevention. All doctors must report such diseases as part of their responsibility to the community.

3. Have you a safe water supply? How do you know that it is safe? You can not know unless you have bacteriological tests made frequently and regularly. Typhoid fever, diarrhea, dysentery, and other water-borne diseases may be expected unless your water supply is kept safe. Do you permit a large proportion of your citizens to use water from wells which may be polluted? If your town is small and not provided with waterworks it is possible that insanitary privies and unsafe methods of disposal of human excreta are polluting your wells.

4. Is your town adequately sewered or are there still many homes with cesspools and insanitary privies? Are you and your neighbors doing anything to check the breeding of flies and the spread of fly-borne diseases? Does your community enforce any ordinance providing for the screening of food against flies in markets, restaurants, and food stores?

5. What effort has been made to ascertain whether or not your milk supply is safe? Diphtheria, scarlet fever, septic sore throat, typhoid fever, dysentery, all may be spread by unsafe milk. A system of inspection and efficient pasteurization will protect people from milk-borne diseases. If your community is too small to bear

the expense of dairy inspection, it should at least enjoy an adequate system of pasteurization under proper supervision.

6. Do you know how many of the registrants from your community were rejected by the medical examining boards as unfit for military duty on account of tuberculosis? Has a campaign for the relief and prevention of tuberculosis been organized? If not, as a minimum requirement, provision should be made for the proper reporting of all cases of tuberculosis and for health instruction of families and patients, especially in families where there is a patient with advanced disease. Where the patient requires hospital care, is provision made for such care, either through city institutions or by arrangement for bed space in State or district tuberculosis hospitals? It is highly desirable to provide special clinics for the diagnosis and care of cases of tuberculosis before the disease has progressed too far.

7. A Nation-wide campaign for the prevention of venereal diseases has been organized. Have you consulted your health officer on the part your city should play in this important work? Is your community planning to take advantage of the recent Federal enactment and appropriation for the control of venereal diseases throughout the United States? Has an ordinance been passed which will enable your health department to take up this matter in an effective manner? Proper reporting of dangerous sources of infection and their adequate treatment and control beyond the contagious stages is essential. The establishment of places where infected persons can be given expert treatment and advice will greatly aid in limiting the spread of these diseases which are so disastrous to mankind.

8. Is malarial fever a health problem in your community? Has a survey been made by experts to advise as to proper methods for control? The *Anopheles* mosquito, carrier of this disease, may be breeding in collections of water which need draining, oiling, stocking with fish, or other measures for mosquito control. Control malaria in your community and you may find you have less labor shortage, the physical well-being of your people may show a marked improvement, and your community may enjoy a great economic uplift.

9. Is your town an industrial center? Are the workers properly housed and fed? Have the working conditions been investigated so as to reduce to a minimum the health hazards of the industries? The prosperity of your community depends largely on maintaining the maximum output of your industries, and this in turn depends largely on the health of the workers.

10. Are your schools provided with medical supervision to control the spread of communicable diseases among the children and to limit the number of sources of contagious diseases which often spread rapidly when carried to susceptible persons? Do your children have the advantage of regular physical examination by a physician? Is there a clinic for the treatment of all the physical defects discovered as a result of this examination? The after-war development of your community will depend largely on the physical fitness of your present school population.

11. Last, but not least, what is being done to protect the babies in your community? Have you a baby health station? Do you supervise the work of midwives? Do you make provision for expectant mothers in your community who are in need of advice and super-

vision? Proper organization for prenatal care, with sufficient bed space in maternity wards, and a baby health station should be provided if the financial condition of your community is at all able to support such expense. If your community is small, at least one full-time public health nurse should be employed for the instruction of mothers in the care of themselves and their babies. You owe this to the mothers.

Why not take this whole matter up with the State health officer and the leading citizens of your community to see how the program here outlined can best be carried into effect?

Very truly,

RUPERT BLUE,
Surgeon General.

MEDICAL INSPECTION OF SCHOOL CHILDREN A PUBLIC HEALTH FUNCTION.

RECENT ACTION ON THE ENGLISH MINISTRY OF HEALTH BILL.

The following is a report of the action of the standing committee of the House of Commons on the ministry of health bill, taken from the London Lancet of March 22, 1919:

A standing committee of the House of Commons which is now considering the clauses of the ministry of health bill has adopted an important amendment without a division and in the face of protests from Dr. Addison and Mr. H. A. L. Fisher, the two cabinet ministers whose functions were immediately concerned. The amendment provides for the immediate transfer to the ministry of health of the functions of the board of education in regard to the medical inspection and treatment of children and young persons.

The bill, it will be remembered, proposes to combine under one State department the existing responsibilities of the local government board as far as health is concerned and all the functions of the insurance commissions for England and Wales, and also proposes to include the duties of the board of education in respect to the health of expectant and nursing mothers and children under school age. But with regard to the medical inspection of school children and young persons, a duty which now appertains to the board of education, it was understood that that board would not resign without real regret its responsibilities in this direction; and on the introduction of the bill it was stated that no such step would be found immediately necessary. Mr. G. Locker-Lampson, however, proposed an amendment in the sense indicated above, namely, to provide that all the powers and duties of the board of education with respect to the medical inspection and treatment of children and young persons should be transferred to the new ministry of health. From the debate which followed it is clear that the amendment was carried in deference to a practically unanimous feeling on the part of the committee in its favor.

The committee held the view that as the object of the bill was to take over the health services from the various departments of the State and thus to prevent overlapping, medical inspection and treatment of school children could not be left outside its scope. In